

SENATE BILL REPORT

2SHB 1899

As of March 19, 2009

Title: An act relating to physicians holding a retired active license.

Brief Description: Concerning physicians holding a retired active license.

Sponsors: House Committee on Health & Human Services Appropriations (originally sponsored by Representatives Warnick and Hinkle).

Brief History: Passed House: 3/06/09, 96-0.

Committee Activity: Health & Long-Term Care: 3/19/09.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Edith Rice (786-7444)

Background: Disciplining authorities, such as the Medical Quality Assurance Commission (MQAC), are statutorily authorized to create a special license for retired active practitioners. Such a licensee may only practice in emergent or intermittent circumstances, must meet continuing education and competency requirements, is subject to the Uniform Disciplinary Act, and pays a reduced renewal fee.

The MQAC has established requirements for retired active physicians. Under rules promulgated by the MQAC, a retired active physician:

- must practice for no compensation; and
- may only provide primary care services in community clinics that are operated by public or private tax-exempt corporations.

Physicians holding a retired active license must meet the same continuing education requirement for all other physicians, which is 200 hours every four years. The renewal fee for a retired active physician is \$160 per year (active physicians pay \$645 every two years).

Summary of Bill: The number of hours of continuing education for a retired active physician may not exceed 50 hours per year (as opposed to 200 hours every four years). Retired active physicians who reside and practice in Washington are exempt from licensing fees associated with their licenses.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

The MQAC must consider amending its rules on retired active physicians in a manner that improves access to health care services without compromising public safety.

The MQAC must consider, at a minimum:

- whether retired active physicians should be allowed to provide services beyond primary care; and
- whether retired active physicians should be allowed to provide services in settings beyond community clinics.

The MQAC must determine whether it will amend its rules by November 15, 2009. If the MQAC determines that it will not amend its rules, it must provide a written explanation of its decision to the Legislature no later than December 1, 2009.

Appropriation: None.

Fiscal Note: Requested on February 23, 2009.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: It has become prohibitive for active retired physicians to maintain their license to practice medicine. Both the cost of the license fee and the continuing education are a commitment. The MQAC should look at setting a minimum number of continuing education hours. MQAC should be expected to make recommendations for allowing physicians to practice in other than primary care.

OTHER: The longer physicians are retired, the more critical it is that they keep up with continuing education. MQAC could set standards at a lower level for continuing education for those who have recently retired. For those retired for a longer time period, the minimum hours for continuing education should be set at a higher level. Bill language should be left as it is.

Persons Testifying: PRO: Representative Warnick, prime sponsor.

OTHER: Carl Nelson, Washington State Medical Association.